

Structural Inspection Forms Changes

April 27-29, 2010

May 18-20, 2010

Jim Walsh

Structural Inspection Forms

Standards:

- Complete
- Interviews
- Use of N/A box
- Remarks narrative
- Legibility



Structural Inspection Forms

Branch 2 & 3

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION

STRUCTURAL USE MONITORING INSPECTION REPORT

PR-ENF-108 (REV. 01/10) Page 1 of 1

- ☐ COMPLETE
☐ PARTIAL
☐ FOLLOW-UP INSPECTION

ORIGINAL INSP. # _____

108-

INSPECTING COUNTY _____

FIRM INSPECTED	BUSINESS REGISTRATION NUMBER <input type="checkbox"/> BR <input type="checkbox"/> PR <input type="checkbox"/> UNL	VEHICLE LICENSE PLATE NUMBER
FIRM ADDRESS	TELEPHONE NUMBER	WIND VELOCITY _____ Direction _____ to _____
	EQUIPMENT USED	
PERSON INSPECTED	INDIVIDUAL LICENSE NUMBER <input type="checkbox"/> OPR <input type="checkbox"/> RA <input type="checkbox"/> FR <input type="checkbox"/> UNL	PEST
APPLICATION SITE ADDRESS		TREATMENT SITE

HANDLER'S NAME	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN				

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORM	RATE	DILUTION

Structural Inspection Forms

Branch 2 & 3

A. APPLICATION				<input type="checkbox"/> BRANCH 2		<input type="checkbox"/> BRANCH 3		B. MIX/LOAD		A. APPLICATION				B. MIX/LOAD	
COMPLIANCE			REQUIREMENTS	Section	COMPLIANCE			COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
YES	NO	N/A			YES	NO	N/A	YES	NO	N/A			YES	NO	N/A
			1. Registered in County	15204.5(a)							16. Prot. of Persons/Animals/Property	6614			
			2. Written Notice to Occupant	8538							17. Backflow Prevention - Airgap	6610			
			3. Pesticide Disclosure Available	1970.4							18. Equipment Identified	6630			
			4. Labeling Available at Use Site	6602							19. Containers Labeled / Closures	6676			
			5. Labeling-Site / Rate /Conc. /Other	12973							20. Service Container Labeling	6678			
			6. Labeling - Personal Prot. Equip.	12973							21. Proper Containers	6680			
			7. Regs.- Personal Protective Equip.	6738							22. Proper Pesticide Transport	6682			
			8. Respiratory Protection	6739							23. Containers Properly Rinsed	6684			
			9. Handler(s) Trained	6724							24. Pesticide Handling/Use/Storage	1983			
			10. Emergency Medical Care, Posting	6726							25. Wellhead Protection	6609			
			11. Decont. Fac., "Warning/Danger"	6734							26. Suitable Manner / Climate	6600			
			12. Safe Equipment	6742											
			13. Coveralls, "Warning/Danger"	6736											
			14. Certified Applicator Sup. RM	6406											
			15. Accurate Measurement	6604							TOTAL	TOTAL			
COMPLIANCE ACTIONS								COMPLIANCE ACTIONS, (Continued)							
Cease and Desist Order 11897 / 13102				<input type="checkbox"/> YES <input type="checkbox"/> NO				Correct Noncompliances By:							
Follow-up Required				<input type="checkbox"/> YES <input type="checkbox"/> NO											

Structural Inspection Forms

Branch 1 Fumigation

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION

STRUCTURAL FUMIGATION USE MONITORING INSPECTION REPORT

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- ☐ COMPLETE
☐ PARTIAL
☐ FOLLOW-UP INSPECTION

ORIGINAL INSP. # _____ - _____

107-

INSPECTING COUNTY _____

FIRM INSPECTED	BUSINESS REGISTRATION NUMBER <input type="checkbox"/> BR <input type="checkbox"/> PR <input type="checkbox"/> UNL	VEHICLE LICENSE PLATE
FIRM ADDRESS	TELEPHONE NUMBER	WIND VELOCITY _____
PERSON INSPECTED	INDIVIDUAL LICENSE NUMBER <input type="checkbox"/> OPR <input type="checkbox"/> FR <input type="checkbox"/> UNL	DIRECTION _____ to _____
APPLICATION SITE ADDRESS		REQ. DISTANCE MAINTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
		PEST _____
		TREATMENT SITE _____

HANDLER'S NAME	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN			
PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	

Structural Inspection Forms

Branch 1 Fumigation

STRUCTURAL FUMIGATION		<input type="checkbox"/> APPLICATION		<input type="checkbox"/> AERATION		<input type="checkbox"/> CERTIFICATION			
REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. Registered in County	15204.5(a)				26. Test Equipment	1971(a)(2)			
2. County Notified 24 Hours Prior	15204.5(d)				27. Re-entry Requirements	1973			
3. Written Notice to Occupant	8538				28. Direct Supervision	8505.2			
4. Pesticide Disclosure Signed / Available	1970.4				29. Warning Signs on All Sides of Structure	1974			
5. Registered Label Available at Use Site	6602				30. Required Information on Warning Signs	8505.10			
6. Labeling - Site / Rate / Concentration / Other	12973				31. Signs - Attic / Under-area	8505.11			
7. Labeling - Aeration / Certification	12973				32. Warning Agent Used	8505.12			
8. Labeling - Bagging, Pets Removed, Etc.	12973				33. Equipment Properly Identified	6630			
9. Labeling - PPE	12973				34. Containers Labeled / Closures	6676			
10. Regulations - PPE	6738				35. Proper Pesticide Transport	6682			
11. Respiratory Protection	6739				36. Pesticide Handling / Use / Storage	1983			
12. Handler(s) Trained	6724				37. Methyl Bromide Requirements	6454(a)			
13. Emergency Medical Care, Posting	6726				38. MB - Tarps Accept. / Condition / Ret. Method	6454(b-e)			
14. Decont. Facility, Site "Warning/Danger"	6734				39. MB - Warning Agents / Fans / Aeration	6454(f-m)			
15. SCBA Worn / Cont. Monitoring / TRAP Used	6780(b)				40. MB - Measuring Concentration	6454(n)			
16. Accident Response Plan at Work Site	6780(d)								
17. 2 Trained Employees - Application & Aeration	6782(a)								
18. Fume of Enclosed Spaces/Proper Entry	6782(d)								
19. Proper Management of Treated Area	6782(f)								
20. Connecting Structures	1970.6				TOTAL	TOTAL			
21. Accurate Measurement	6604				TARP / AERATION CHECK (No Crew On Site)	Section	COMPLIANCE		
22. Protection of Persons / Animals / Property	6614						YES	NO	N/A
23. Structure Vacated / Secured Against Reentry	8505.7				1. Registered in County	15204.5(a)			
24. Equipment in Good Repair and Safe	6742				2. County Notified 24 Hours Prior	15204.5(d)			
25. 2 SCBA / CPR Chart / Mfg. Instructions	1971(a)(1)				3. Labeling - Aeration / Certification	12973			
COMPLIANCE ACTIONS					4. Warning Signs on All Sides	1974			
Cease and Desist Order 11897 / 13102	<input type="checkbox"/> YES	<input type="checkbox"/> NO	5. Structure Vacated / Secured Against Reentry			8505.7			
Follow-up Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO	6. Required Information on Warning Signs			8505.10			
Correct Noncompliances By:					TOTAL	TOTAL			
Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.									

Structural Headquarter Inspection Forms

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION

PEST CONTROL BUSINESS HEADQUARTER INSPECTIONS REPORT

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- ☐ COMPLETE
☐ PARTIAL
☐ FOLLOW-UP INSPECTION

110-

ORIGINAL INSP. #

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INSPECTING COUNTY

FIRM INSPECTED	BUSINESS TYPE	BUSINESS LICENSE / REG #	CAT / BRANCH(S)	EXPIRES
TELEPHONE NUMBER	<input type="checkbox"/> Pest Control Business	_____ or <input type="checkbox"/> UNL	_____	_____
FIRM MAILING ADDRESS	<input type="checkbox"/> Maintenance Gardener	_____ or <input type="checkbox"/> UNL	_____	_____
	<input type="checkbox"/> PR <input type="checkbox"/> BR (Structural)	_____ or <input type="checkbox"/> UNL	_____	_____
FIRM LOCATION				
PERSON INSPECTED (Agricultural)	LICENSE TYPE	INDIVIDUAL LICENSE #	CATEGORY(S)	EXPIRES
	<input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> UNL	_____	_____	_____
PERSON INSPECTED (Structural)	LICENSE TYPE	INDIVIDUAL LICENSE #	BRANCH(S)	EXPIRES
	<input type="checkbox"/> OPR <input type="checkbox"/> FR <input type="checkbox"/> UNL	_____	_____	_____
Name of Handler Trainer		Name of RPA		

Structural Headquarter Inspection Forms

HEADQUARTER AND EMPLOYEE SAFETY INSPECTION							<input type="checkbox"/> PRINCIPAL <input type="checkbox"/> BRANCH								
A. AGRICULTURAL PCB				B. STRUCTURAL PCB			C. AGRICULTURAL PCB				D. STRUCTURAL PCB				
COMPLIANCE			REQUIREMENTS	Section	COMPLIANCE			COMPLIANCE			REQUIREMENTS	Section	COMPLIANCE		
YES	NO	N/A			YES	NO	N/A	YES	NO	N/A			YES	NO	N/A
			1. Notice Prior to Application	6618							Records				
			2. Emergency Med. Care Planned	6726							1. Business Licensed	11701			
			3. Change Area	6732							2. Business Registered in County	11732			
			4. Proper Storage of PPE	6738(a)							3. Work Sup. by Qualified Person	11701.5			
			Haz Com / Training Program								4. Pilot(s) Holds a Valid Certificate	11901			
			5. Hazard Communication	6723							5. Pilot(s) Reg'd. in the County	11920			
			6. Trainer Qualified	6724(f)							6. Recommendations Retained /1 yr	12004			
			7. Written Training Program	6724(a)							7. Valid Permits for Restricted Mat.	6412/6632			
			8. Handler Training	6724(b-e)							8. App Completion Records / 2 yrs	6619			
			Respiratory Protection Program	6739							9. Pest. Use Records Kept / 2 years	6624			
			9. Written Program	(a),(p)							10. Pest. Use Reports Submitted	6626-28			
			10. Medical Evaluation	(d),(s)							11. Monthly PUR Submitted	8505.17			
			11. Fit Test Records	(e),(p)							12. Registered in County	15204/.5			
			12. Respirators Inspected	(j)(1)							13. SPCB Registration	8610			
			13. Respirator Storage	(h)(4)							14. Qualified Branch Supervisor	8611			
			14. Voluntary Use Display	(b)(2)							15. Pest. Use Records Available	15205			
			Medical Supervision Program	6728							16. Fumigation Log / 3 Years	1970(a)			
			15. Use Records Retained / 3 years	(a)							17. Pest. Use Records / Kept 3 years	1970(b)			
			16. Drs. Agreement Available / 3 yrs	(b)							18. Notice to Occupant	8538			
			17. Records / 3 years	(c)							Pesticide Storage				
			18. Medical Supervision Posting	(c)(5)							19. Containers Secured	6672(b)			
											20. Storage Posted "Warning/Danger"	6674			
											21. Containers Labeled / Closures	6676			
											22. Service Container Labeling	6678			
											23. Proper Containers	6680			
											24. Containers Properly Rinsed	6684			
			TOTAL	TOTAL							TOTAL	TOTAL			

COMPLIANCE ACTIONS:

Cease and Desist Order 13102 ☐ YES ☐ NO

Follow-up Required ☐ YES ☐ NO

COMPLIANCE ACTIONS, (Continued):

Correct Noncompliances By:

Structural Inspection Forms

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (*Print Name*)

Signature

TIME AND DATE INSPECTED

INSPECTION ACKNOWLEDGED BY (*Print Name*)

Signature

DATE ACKNOWLEDGED

VIOLATION NOTICE ☐ YES ☐ NO # _____

Distribution: White - County; Canary - DPR; Pink - Inspector; Goldenrod - Firm / Person Inspected

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